



Bib Data Sheet


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| <b>SERIAL NUMBER</b><br>09/542,042   | <b>FILING DATE</b><br>03/31/2000<br><b>RULE</b> -   | <b>CLASS</b><br>375                           | <b>GROUP ART UNIT</b><br>2734   | <b>ATTORNEY DOCKET NO.</b><br>SEC.701 |                                |
| <b>APPLICANTS</b><br>Jae-yoon Sim, Kyungki-do, KOREA, REPUBLIC OF;<br>Hong-joon Park, Kyungsangbuk-do, KOREA, REPUBLIC OF;<br>Soo-in Cho, Seoul, KOREA, REPUBLIC OF;<br>Jung-bae Lee, Kyungki-do, KOREA, REPUBLIC OF;  |   |   |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br><i>ph none</i>  |   |   |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>REPUBLIC OF KOREA 99-16006 05/04/1999 <i>ph yes</i>  |   |   |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/16/2000</b> -   |   |   |   |                                       |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Allowance <i>ph</i><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>KOREA, REPUBLIC OF | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>22             | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Jones Volentine L L P<br>12200 Sunrise Valley Drive<br>Suite 150<br>Reston ,VA 20191   |   |   |   |                                       |                                |
| <b>TITLE</b><br>High frequency equalizer using a demultiplexing technique and related semiconductor device   |   |   |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>726  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |